



**Form: B - Statements Attesting to the Training of a Person Employed to Perform Body Art Procedures per OAC 3701-9-02**

Artist Name	Business Phone	Cell / Home Phone
Artist address		
Name and address of body art business if applicable		Jurisdictions where operator is licensed

List training, seminars or apprenticeships the artist has received in:			
	Date(s)	Training Provider	Name description of training
First Aid			
Standard Precautions for preventing transmission of Bloodborne Pathogens			
Body Art			
Sterilization and aseptic technique			